AZ HIPAA Medicaid Consortium

January 28, 2004
2:00 PM to 4:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS/BHS	Care 1st Arizona	PHS
Thomas Browning	*Bill Hobbs*	*Mark Hart*
Lee Cisney	*Herb Woo*	**UFC**
Brian Hiese	**CHS**	*Eric Nichols*
CJ Major	*Anna Holland*	*John Valentino*
Jerri Gray	*Annette Lizarraga*	**Verizon**
Jeff Bemis	*Ed Quinn*	*Larry Bryce*
AHCCCS	*Isabel Robinson*	**Yavapai County**
Peggy Brown	*Susan Speicher*	*Dave Soderberg*
Deborah Burrell	**DES**	
Barbara Butler	*David Gardner*	
Melonie Carnegie	*Stan Hime*	
Deborah Copeland	**Evercare Select**	
Michelle Dillon	*Vicki Johnson*	
Tom Forbes	**HealthChoice AZ**	
Matt Furze	*Paul Benson*	
Chris Herrick	*Ethan Schweppe*	
Ester Hunt	*Mike Uchrin*	
Ted Kowalczyk	**IHS**	
MaryKay McDaniel	*Charlotte Melcher*	
Nancy Mischung	**MCP & Schaller Anderson**	
Brent Ratterree	*Art Schenkman*	
Lydia Ruiz	**Maricopa**	
Marsha Solomon	*Dave Abraham*	
Carrie Stamos	**Pinal LTC**	
Mike Upchurch	*Grace Palmer*	
Nancy Upchurch	*Susan Murphy*	
APIPA	**PHP**	
Sean Stepp	*Mike Flynn*	
Sharon Zamora	*JoAnn Ward*	

1. Welcome (Lori Petre)

Welcome everyone. We have a pretty full agenda today, and we are going to try to get through as many items as we can. The agenda is sorted a little differently. We have some guests speakers who are going to present some items to us today, and we tried sort them to the top of the agenda so that they were able to get through their pieces. This gives them the option of not having to sit through our entire meeting.

2. Business Continuity Plan (John Black)

AHCCCS started it's Business Continuity Plan (BCP) process shortly after the terrorists acts, and all of the publicity about businesses that failed as a result of that, and businesses that were able to recover as result of that. It became abundantly clear to us that those businesses who succeeded and recovered are the ones that had a good solid plan for business resumption in the event of a disaster. We hired a consulting firm, Norm Harris & Associates, out of Columbus, Ohio. Mr. Harris has been a business consultant for disaster recovery for about 30 years.

We started out in about January 2002. We started out by reviewing the framework that everybody had for the Y2K, except for now for BCP we have to add the issue of what if we lose our site. We did a survey of our sites, the 701 and 801 buildings. We identified that approximately 400 feet away from these buildings, we have about 40 shiploads of hazardous materials. Likewise there are airplanes flying regularly over about 200 feet from us. Also, the popularity of a large venue like this area lends itself to some sort of terrorist attack. We decided to take a pretty close look at this. We formed teams that were based for administrative support, system support, phone support, financial support, communications, continuity of care, etc. We have come along way in assessing our plans. We have developed an alternate site. In the event of this site being lost, management staff will go to our ALTCS office out in Glendale. We have got our system pretty well in place, but we also have to depend upon all the health plans and program contractors who actually deliver our services. We want to make sure that those services are not interrupted in the even of a business disruption here at AHCCCS.

We also require the health plans and program contractors to have a BCP. We will be getting into that sometime later on reviewing them during our operational and financial reviews, etc. Right now we have come to a stage where we are thinking about making sure that our members are assured non-interrupted services in the event of a business disruption here. We need to communicate information to you. We have been in contact with your CEO's periodically on how to do that. We also need to communicate things like money to you as we pay you electronically.

Here is where you come in on the HIPAA Consortium. We are now looking at ways of transmitting enrollment information to you in the event of a business disruption. I have asked your CEO's via my Assistant Deputy Director, Kari Price, for permission to this HIPAA Consortium meeting as a forum to discuss how we would communicate that information to you in the event of a business disruption. I have also asked for a listing of Information Technology contacts for all the health plans and program contractors. I am the chairperson for the Communications Committee, and but I am not very IT savvy so we want our IT people talking to your IT people. I have gotten a list of IT contacts from every health plan and program contractor except two; University and CMDP (an IT contact was established for University and CMDP). That is where are at right now. We will be using you as a forum to discuss how we are going to be transmitting all that information to you. I would also suggest that you look at the types of information that you would absolutely need transmitted to you. I think in a day, every day, we transmit about 10,000 pieces of information; that is adds, deletes, changes, etc. Maybe you just need the adds and deletes; we will leave that up to you and your management to decide.

Q: What happens if Mike leaves Health Choice Arizona, and you send him an email?
A: We will update the email list of IT contacts every 6 months.

Nancy Mischung – I am going to talk a little bit about logistics today so that you can go back and digest it, and then come back to the next Consortium meeting with feedback as to how you would be able to handle things. Most of you know that we are primarily mainframe based. PMMIS is a mainframe application and that runs off of the Department of Administration or DOA mainframe system, which is about 4-6 blocks down the street. So our contingency planning and business continuity have a lot of different scenarios of what would happen if DOA went down versus the servers. For example, the FTP servers, the server that our Mercator Translator runs on, is actually next door in the 801 building on the first floor.

The thing that we have primarily been focusing on is if there was a disaster at this site, and we were to lose either or both of these buildings. That has obviously been the first thing that comes to mind in communicating with the health plans is the FTP servers and the Mercator Translator. So given that, PMMIS would still be running. We would still be taking eligibility in from DES offices, from ALTCS offices for any of the remote sites. We would still be updating PMMIS with that eligibility, and we would want to communicate it to you. Unfortunately, there would be no Mercator sever so we cannot get it to you in the 834 format. The way we remediated for the 834 is we still run the mainframe system through the roster format that you received in the past before you went to the 834s. Our first contingency plan would be to put that roster information out their for you in lieu of not being able to translate it into an 834. A lot of your business continuity planning in working with us could have to do with how you would process this roster information. Our game plan would be to put the roster out their, but at any point that we got the Mercator server back to run it through, we would go back to day one of the disaster, and we would create the 834s for you so you could catch up systematically. That is our first plan of action.

I wanted to put that out there for you so that you could give some thought to it, and come back as to how you could handle that. We recognize that this is a partnership, and as we plan for this, we have to plan for things that work for both sides of the partnership. Obviously AHCCCS' focus is customer service first, and what we are looking for is an approach that is going to insure that customer service in a timely fashion. You will see this on the agenda on and off going forward as our plans develop and we start to engage you in the conversations.

Q: Why wouldn't you have disaster coverage allowed for an alternate site for Mercator?
A: It does allow for an alternate site for Mercator. Depending on the servers that we need to bring up, there is anywhere from a 3 to 11 day window before we could get the equipment purchased, on site, brought up, and useable.

Q: Replacement? Business continuity is typically if you lose a site within 24 hours, another temporary site is good to go.
A: Our temporary site is Glendale, and it would be a matter of getting servers from vendors. The amount of time that you can recover a site also is associated with dollars. To be fully replicated in 24 hours is very expensive. That is part of what has gone into the options that have been selected; the cost versus the timeframe.

Q: Will your BCP have AHCCCS testing with the health plans?
A: The plans I have seen so far do not have us testing with the health plans, but I can make that suggestion.

Action Item: Nancy Mischung
Suggestion that AHCCCS test the BCP with the health plans.

Health Plan - Our draft BCP requires you to do testing. We are doing testing now in staged scenarios. It wouldn't be a bad idea once we start moving along and get a look at your plans and how you propose to do things, and we move along to some more testing to do that kind of thing.

Q: Has there been any thoughts to dealing with a co-op off site between all of the health plans. It may be pretty complex to administer, but it would be a main source of contact.

A: That is not a team that I participate on, but I think that is a really good suggestion. I will make that suggestion to the team lead for the team that is really taking care of the hardware and network component of the recovery.

Action Item: Nancy Mischung
Suggestion to team lead that we look at this idea.

3. Follow-up Items (Lori Petre)

Local Codes

Q: Anything on when the reference tables will be updated to match the actual crosswalks? The data content is not the same as the matrix.
A: A ticket was opened and forwarded on to the Business Unit because the table still does not match the crosswalks.

Action Item: Brent Ratterree
Will follow-up on the reference tables not matching the actual crosswalks.

Acknowledgements (Eric Stott)

Q: The 834 is requesting we send a TA1 back to AHCCCS. The companion document indicates that this is not necessary. Are we supposed to send a TA1 back?
A: I will take a look at the ISA14 for the TA1.

Action Item: Eric Stott
Will take a look at the ISA14 for the TAI to determine what it is actually doing.

4. Co-Pays (Nancy Mischung)

In the last Consortium meeting, I indicated that AHCCCS was looking at making the change to their being daily co-pay updates. An example being, a person who currently had a co-pay, and received a pregnancy indicator. Their co-pay should change to zero. Today you receive those at the end of the month. Instead we were going to start giving those daily. I took the feedback from those that had implemented, and in the process of implementing you said that the way it was programmed that you could receive it as long as you had an effective date that coincided with the co-pay change. I took that back to our management co-pay group who said let's do it based on the feedback from some of the questions and complaints coming in from the health plans and health care management indicated that it needed to be done. We have been given the go ahead to do it. The people assigned to the project are in place. The 834 is still being evaluated for where we can put that effective co-pay date. We are making the commitment that by no later than the next Consortium meeting in two weeks, they will let you know where that effective co-pay date is going to be. That is the only change from a data content perspective that you are going to see to the 834. There is a Memorandum to the Health Plans/Program Contractors regarding Daily Co-Pay Processing on 834 in your handouts that contains the dates for updated companion documents, AHCCCS development and unit testing completed, user acceptance testing, etc. The daily co-pay updates will be produced with the first daily of May.

Q: For those that are still receiving proprietary files, will we know where that effective co-pay dates is going to be?
A: For those of you that are still exercising your contingencies and getting the proprietary, we will also let you know where that effective date is going to be on the proprietary file.

Action Item: Dan Lippert

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To inform health plans still receiving the proprietary files where to find the effective date for the co-pay.

Q: If we have questions on a certain persons co-pay, who do we contact to get that information?
A: If they are in production, then you would call ISD Customer Support who would then route the ticket to Member Services. If they are in test, you would route your co-pay question to the AHCCCS HIPAA Workgroup.

5. Data Certification (Eric Stott)

The data certification currently for Encounter files are done by fax. We wanted a little more automated process so that you would not have to send in faxes, and we would not need a group of people monitoring those faxes and moving files for us to process. We came up with a solution where we are going to be using email as our authorizing medium. As we move to the second page of the handout to the general flow, this is going to be implemented prior to AHCCCS going live with the 837 Encounters. We are going to implement this with our NSF and HIPAA 1500 files that you are sending to us currently. What will happen is you will send in the Encounter to us through the firewall just as you are doing now, but along with that Encounter you will be sending in an email from the CEO, CFO or other authorized person, authorizing that transaction. That transaction being the entire file. Once we have received your email, you will get an email response back. I will talk a little about the email that you will get back in a few minutes. Once we pick up the encounter and process, you are going to get your acknowledgement just as you currently are today for the 997, 824 or the TA1 in the HIPAA world.

The email address that you will be sending it to is bba@ahcccs.state.az.us. In the subject line, you would put the file name you are sending to us, the dollar amount in the file, and the claim count of the number of claims that are in the file. In the body of the email that you will be sending to us is the same contents that you are faxing to us currently. If you don't know what that is, the encounter manual that we publish has it in there. On page 4 of the handout, the sample of the subject line, all you have to do is put file, give us the file name, the count and then the dollar amount of the encounter file. There are some limitations or the lack of limitations of what we are going to be looking for in this email. First of all, it is not case sensitive, you can space it out how ever you want, commas are optional in the numbers in the count and dollar amounts, to dollar sign is optional in the amount, and then the order of the required objects (file name, amount and count) does not necessarily need to be in order, but we do need equal sign after each so we can parse out that data to be validated. Please don't abbreviate the file name or count; we are going to be specifically looking for file name and for count.

Q: Are spaces allowed in the file name?
A: Yes, we can actually process spaced file names. We recommend that you not just so that we don't accidentally try pick the second part of the file name.

Q: How is claim count being defined in this case?
A: The same number that you are currently putting in your T9 record, we are going to be looking for. That is what we are essentially going to validate against. If there are issues with those claims and they become denied, this process does not address that. That would be handled by the PMMIS system.

Q: How is AHCCCS going to count and validate it?
A: We are going to look at all of the different claim loops that are there whether it is a patient, subscriber or provider claim loop.

Q: So we are talking CLM segment?
A: Yes, we are going to be looking at the CLM segment counting those for the claim count.

Q: The number of CLM segments or loops?

A: CLM starts the claim loop so if you just count CLM segments, you should get the number of claims.

Now, on to the responses. Once we receive an email from the authorized person, you are going to get one or two of four responses. The first response is that email that we have received the file, and we now are receiving the email; we have matched up the numbers (the amounts in the claim count) to the file name that you specified, and we are ready for processing. The second email that you might receive is that the email came from an unauthorized email address. We are going to setup a process that will require you to contact the Encounter group with forms to authorize the designated individuals to send in the email. If the email comes from someone other than the people who are authorized , they will receive an email, and I will show you an example of that in a moment.

Q: Will the CIO's formal assigned email address be on that encounter claim or can we provide an alternate email address for this purpose that is assigned to the CIO and only the CIO for this purpose?
A: In this mandate from the government they said an authorization for every file that comes from people that AHCCCS' communicates with has to be from a CIO, CEO or other authorized agent.

The third email response is that the email was received, but AHCCCS has not validated the file yet. Let's say that you send an encounter file to us, and immediately send in the email saying that you authorize the file that was just sent. We are going to pull the directories every 30 minutes for new files, and most likely you are going to get an email that states that we received your email, but we have not looked at your file yet. Once we do look at your file, you are going to get a second email that says we got your file, and yes, it matches or the numbers are not correct. The fourth email that you could get will be one that states that we received your file, we received you email, but something was wrong with it; either the claim count wasn't right or the dollar amounts that we found were not right. You will also receive a daily report at the end of the day of a list of files that are not yet authorized. The report does not necessarily need to go the CIO or the CEO. You can contact the Encounter group to let them know who you want to receive this report. The report will contain only the non-expired files. The report will contain the file name that was received, when the file was received and when the file will expire. We talked with Brent today about the expiration, and we have not yet determined how long we can hold the encounter file before it expires.

Q: On the report at the end of the day, can the report go to someone other than the initiator, and if so, will that person get the other responses?
A: Yes, we can specify that the responses along with whoever sent it to us will, they will also get a response.

I have provided you with some examples of the responses. First of all, there is a Positive response. The original sender is whoever sends AHCCCS an email. Then our process will reply with a the file name that you sent in to us stating that it was validated and will be in our process cycle today. A non-authorized email address will generate an email stating the address is not on our authorized address list for your health plan, and it will give a list of the current individuals that are authorized for your health plan. It also instructs you to contact the AHCCCS Encounter Unit for the proper forms required to be added to the list.

Q: When you are validating a file, you are matching the file with an email, and you are looking at each one of those three data points in the file, and that constitutes that validation?
A: Yes.

The not processed yet email states that email for the file (giving the file name) has not been validated yet explaining that when the file has been validated, you will receive a separate email notifying you of that validation.

Q: On the amount, which segment of the 837 are you talking about?
A: Can we get back to you at the next Consortium meeting with that answer?

The last email response example is to tell you that the count/amount is invalid stating that the email for the file has been received, but the validating numbers are not correct. It requests a new email be sent with corrections or contact the Encounter Unit if the numbers are correct on the following business day. We do not want to tell you that we are not going to process your file because you can's get your numbers right. If you can contact the Encounter Unit, it is most likely transposed numbers or something, and the next business day they will have a report of the files that are not yet processed which they can go through to try to find a resolution. Our Daily Report will come in a comma-separated file. You can open it up in a Text Editor or you can open it up in Excel. If we received an authorizing email, and processed all the files, you will still get a report at the end of the day stating there are no outstanding files that need to be authorized.

Q: On the form that we are going to be filling out for the designated person to be receiving the emails, is there also going to be a spot for the responsible person as well?
A: Yes.

Q: For NCPDP, are we going to follow the same process? In the NSF you are counting the number of records and the dollar amount. You said in the 837s we are counting the CLM segments. Are you counting the Bill Charge in the CLM loop, too?
A: As we develop the NCPDP process in correlation with this, we just need to give you exactly what we will be counting.

Q: In the example you are using a comma for the cent amount. Is that correct?
A: No, it should be a decimal. That would have generated an email saying that our numbers don't match!

The Encounter Unit is the group that will be able to validate what your numbers are. This is really an automated process. If manual intervention needs to be taken because of differences in what you have produced and what we have received, it needs to be handled by someone out of the Encounter Unit.

Q: There examples imply that it is perfectly fine to zip files so is it okay to zip 837 Encounter file and send it on?
A: Yes. Currently you should be sending in NSF or HCFA 1500 files to us.

Q: You are expecting the 837 format files in a zipped format?
A: We can except them either way. We prefer that you don't.

Q: When is this supposed to be implemented.
A: The requirements documents and system proposals are due to be completed by the end of this week at which point we will have the hour estimate, we will do the project plan for the development of unit testing. We will work with Lori her hours for user acceptance testing, and then we will let you know when we are prepared to do the business to business testing. We should be able to give you that time line in the Consortium meeting in two weeks.

Q: There is no requirement for digital signatures?
A: No. The way we are keeping this unique is because of the file name, dollar amount and the claim count are going to be unique in the fact that when we will send a response we are not sending you the numbers, and only the authorized email addresses can authorize those particular files. The legal opinion we got said it did not have to be a digital signature.

6. Other (Lori Petre)

Upcoming Meetings

We want to remind everyone that the next meeting will be in two weeks. It is still according to the same schedule. Nancy and I had to reschedule from last week, and we appreciate you understanding that. We have a lot of follow-up items that we will be getting back to you on if not before the meeting, then at that meeting.

Open Issues/Action Items

MaryKay and Melonie are still working on putting together the frequently asked questions. We keep using this term frequently asked questions, but what we had talked about in the last Consortium meeting was providing you with some pointers on how to handle specific scenarios that have come up time and time again.

I am still following-up on whether or not AHCCCS could host some sort of consolidated outreach for the providers to really encourage the electronic use and the flexibility that needs to occur with that.

Those are the only two action items that I show as open from the last meeting.

Q: Mercy Care – 834 in production?
A: I just sent Ann a note and told her that she needed to confirm that with me 2 working days in advance. If she can let me know Friday morning that you are going Tuesday for sure, you are good to go.

Q: Would Monday be the last day to receive proprietary then?
A: That is correct. Ann's question to me was, once we switch over, could we continue to get proprietary, and there is no mechanism to do so.

Q: The CEO's are asking that once this problem with the SOC has been resolved, can they review the results in the form of report prior to the mass adjustment being done?
A: We are currently running a report to see what would change. Those are going to be reviewed by DHCM, and there will be communication going out to the health plans and program contractors. We will not be changing anything without the health plans knowing about it first.

Project Schedule

We are going to touch on the Milestones very quickly. You will find a copy of this in your handouts. There are very few changes from what was provided last month. I did extend on the first page, the ongoing contingency testing for those health plans that have ongoing contingency needs to be reflected through the end of February. However, I will be working with each of you individually to see what we can do to help you bring those along. On the second page, I went ahead and changed the 276/277 date back to TBD (To Be Determined). We are still waiting on the turnover of that transaction from Applications. Unfortunately, with Dennis Koch having been out, he has not been able to push that one forward as much as he would have liked. Hopefully, by the next meeting I will have a real concrete date that I can put back in there, but we had already exceeded the date that was stated in there. On the Encounters 837/277U page, I just wanted to provide you with a status of some of the items that we have completed; analysis, requirements, system design, and system development were completed. System and integration test is in progress; we actually began about a week later than was intended. We might be able to make that up and still be able to meet the Trading Partner testing beginning date of 2/15/04. Some health plans have contacted me to see if they could send in files sooner. You can do this, but what I can't promise is that I will turn them around and get something back to you right away. Our priority is to try and test it out before we put your files into it. We don't want to put your files

into it unless we are pretty confident that the results that we are going to give you back make sense. If you want to go ahead and start sending those in, just let me know so that we know that they are out there. We are still on schedule to publish the 277 Unsolicited to the website for Tuesday, 2/3/04. The NCPDP dates are exactly the same as what we had talked about in the last Consortium meeting.

Q: Is the contingency process for Encounters going to be the same as it was for the other transactions?
A: Probably something similar. Not in the next meeting, but in the following meeting we will talk about what we are going to need to do for contingency on Encounters. The format of how you state that to us and how we track it will be very similar. We found that it actually worked very well.

Action Item: Lori Petre
Concrete dates for the 276/277 Transaction by the next Consortium meeting.

You may notice that MaryKay and Marsha Solomon on the agenda for Encounters. Some of you may know Marsha from her role with Verizon so we wanted to explain that she is now part of our Mercator team here at AHCCCS. Marsha has been here now for two months.

7. Encounters (MaryKay McDaniel)

Acknowledgements

There are three pages out of the 837 Encounter Companion Document. We did not give you an entire companion document as it will be published to the HIPAA website tomorrow. The difference in what you will see at this point with encounters versus the 834s is that there has been a lot of conversation about where encounters were going to be rejected. They will be rejecting at the ST/SE level. Instead of the whole batch rejecting, it will only reject the ST/SE that it identifies a syntactical problem. For example, if there is five transaction sets within one ISA, and one has a problem, only one will reject back; four will be accepted, and it will use the 824.

Q: Is it okay to send one ST/SE per claim?
A: It is technically possible. Would we want you to do that? No.

If we have a problem with the outer envelopes, the TA1 will be sent back. The 997 will be an functional group in that we got it, and it processed. The 824 will be any syntactical problems within the transaction. If you send in five ST/SE's within one outer envelope, and there is a problem with one that is going to be rejected, there will only be one 824 that comes back. You will not get four 997s and an 824.

837 Control Segments

We felt we needed to be a little clearer about the 837 Control Segments. The sender ID is going to be the three-character health plan acronym with your tax ID. The receiver is always going to be AHCCCS with the AHCCCS tax ID. On the functional group, the sender code on the GS02 is going to be the health plan acronym and the six digit health plan ID.

Q: Did that change again? The current companion document says tax ID.
A: We will verify that, and if necessary, it will be corrected prior to going out on the website.

Action Item: Melonie Carnegie
Check the 837 Encounter Companion Document, Element GS02, to ensure that it reads AHCCCS health plan ID.

Lori Petre – I will email you the spreadsheet that will give you these values. I will try to do that when I get back to my office so that you will have it upon your return to your office.

277U

The 277 Unsolicited Supplemental Encounter file is the next handout. There were some changes requested to make it more like the file that is currently received today. We did that so it is different from the last layout that you may have seen. We took the file as it is today that has the filler and then the things that you are no longer going to get, all the elements are in the same place. Instead of moving them around and making them more in a logical read, it is like it was will filler in it so that there shouldn't be any coding required. This is the supplemental file that is coming in addition to the 277 3050. This is the file that directly relates the AHCCCS ID number to the health plan ID number. It also carried the additional elements of the reinsurance number, form type, primary diagnosis code, category of service, denial reason and the health plan CRN; a few pieces of information that you had said that you absolutely wanted to have. There is no requirement that you use the 277 Unsolicited so if you don't want it, you don't have to have it.

There are two examples included with the file layout. If you will notice, there are two 2200D loops. They are called Loop 1 and Loop 2. Loop 1 of the 2200D will contain the AHCCCS CRN and Loop 2 will contain the health plan CRN. On the unsolicited you will get both. The first example is of an approved encounter; the second is a pended encounter. The only difference is that for the pended encounter you won't have the 2200D in lower. For those of us who like all of the words, we have two more examples of the same thing, but it has more words with the qualifiers and that sort of thing.

We have also provided more encounter examples for your review.

NCPDP

Brent Ratterree is going to be sending out an email survey to ask you what you are putting in the patient account number field on the current layout of your pharmacy encounters. As you all know, it has been a struggle to try to find out where to put a health plan CRN in the NCPDP.

Q: Are any of the other health plans having issues with their PBM's in wanting to be willing to create a 5.1 transaction?
A: You need to tell them that this is the way you want the transaction. They will be resistant, but they have to do it. There are other states that are requiring it such as Tennessee, Oregon, Oklahoma.

Q: When was the last time PBM's had any direct contact with AHCCCS? Is there any ongoing dialogue or pressure by AHCCCS going on with the PBM's?
A: Brent Ratterree – I can talk to our pharmacist on staff to see if there is any ongoing dialogue with the PBM's.

Q: What is the status with the AHCCCS PBM?
A: The AHCCCS PBM was not doing it. They have to be compliant between the retail pharmacy and RXAmerica themselves, but AHCCCS on their fee-for-service side has chosen not to use 5.1 format at this time.

In looking at the types of responses we can do, it looks like we will be using the NCPDP response. What we are hoping to do is have a transaction response, which would be we got your file, and it is syntactically correct, and we are going to process it. It is kind of like the 997 only it

will be an NCPDP, and they don't really allow for that. We are hoping that it will work out that you will only get back those with a syntactical problem.

Encounters are not considered to be a financial transaction so the 835 would be inappropriate, as it does not have anything to do with finances.

Q: With the conversation that is going on here today, how firm is the 5.1? We need to begin coding, but we do not
A: There has been nothing publicized by CMS.

Our directive has been to map 5.1, and to have it ready. My concern was that it doesn't do the health plans any good for me to give you a spec that is written for internal use. We are hoping that we will have an NCPDP and crosswalk it to the information that needs to be in those individual fields. There is one outstanding field, which is the health plan claim number. We were looking at putting it in the authorization field. The problem with putting it in the authorization segment there are some other fields that are required so it is not just a clean process. The other one that we have talked about is the workmen's comp segment which actually has a claim number on it, but it has the same problem, but it only has one field that we would have to use which is date of injury. There is no clean way to put a health plan claim number for those health plans who process their own NCPDP claims. From the survey that Brent is going to send out, if you are using the processor control number and the bin as it comes in from the pharmacy, we have that and it won't be an issue.

Q: How firm is the fact that we are going to be using NCPDP 5.1?
A: It has been firm for a while.

Q: What is the NCPDP flow going to be for the health plans?
A: If there are syntactical issues, we are going to create an NCPDP equivalent of the TA1. The file is accepted, and it is processed through the PMMIS application system. If it is adjudicated or pended, it will come back on the 277 Unsolicited.

The bigger question, at that point is if we don't have a health plan claim number, what number will be sending back to you in the field that we currently say is health plan claim number? Is it going to be the bin with the processor control number or is it going to be a true health plan claim number?

Q: Are you going to email some type of specs to us?
A: There will be another Consortium meeting in two weeks, and we will have something for you then.

Action Item: MaryKay McDaniel
NCPDP Specs for the next Consortium meeting.

Q: It is possible to defer the NCPDP until we are all on board with the rest of the transactions?
A: The NCPDP timeline is not the same timeline as the 837 Encounters. They actually test in May, approximately two months later.

General Questions

Q: When do you think that AHCCCS will be ready to accept a claim that has more than 99 lines?
A: There is an SSR out there to address that right now.

Q: Can we send our Encounter test files now?
A: Yes, but we may not process them right away, pending completion of internal testing.

TPL File (Brent Ratterree)

We recommend TPL updates through the plans in file exchanges. They are all coming in on paper right now, and it takes two to three weeks to process the updates. If you send a file, it will get done within 24 hours. This would include everything but Medicare.

Q: Would these TPL files be dropped on the FTP server?
A: Yes, you would drop it on the FTP server.

Our next meeting will be on Wednesday, 2/11/04.

Meeting adjourned.